

FINANCIAL STATUS REPORT

(Short Form)

| Follow | v instruc | tions on | the I | nacki |
|--------|------------|----------|-------|--------|
| · UIIU | Y II ISUUL | 40115 UI | ure i | J26K.I |

| to Which Report is Submitted | Federal Grant or Other Identifying Number Assigned By Federal Agency | | OMB Approval | Page of | |
|---|--|---|----------------------|---------------------|--|
| Deneli Commission | 185-05 | | 110. | ' | |
| Denali Commission 3. Recipient Organization (Name and compl | nde) | <u> </u> | Pages | | |
| ANTHC/DEHE, 1901 Bragaw St, Anchor | rage, AK 99508 | • | | | |
| 4. Employer Identification Number | Recipient Account Number of Identifying Number | | 6. Final Report | 7. Basis | |
| 92-0162721 | | | Yes X No | IJCash IXIAccrual | |
| Funding/Grant Period (See instructions) From: (Month, Day, Year) | To: (Month, Day, Year) | Period Covered by this R From: (Month, Day, Year) | | | |
| 7/1/2005 | 7/1/2007 | | | ay, year) | |
| 10. Transactions: | 111/2007 | 7/1/2006 | 9/30/2006 | - <u>- 1)</u> ! | |
| | | Drovinsky Danastad | 761- D | | |
| a. Total outlays | | Previously Reported | This Period | Cumulative | |
| b. Recipient share of outlays | \$5,351,963 | \$2,136,537 | \$5,351,96 3 | | |
| b. Recipient share of outlays | | | | ** | |
| c. Federal share of outlays | | | | \$0 | |
| d. Total unliquidated obligations | \$5,351,963 | \$ 2,136,537 | \$7,488,500 | | |
| - | | | | \$0 | |
| e. Recipient's share of unliquidated oblig | | | \$0 | | |
| f. Federal share of unliquidated obligation | | | \$0 | | |
| g. Total federal share (sum of lines c and | | | | | |
| h. Total federal funds authorized for this f | | | \$7,488,500 | | |
| i. Unobligated balance of federal funds (L | | | \$23,010,195 | | |
| a. Type of Rate (Place an ") | (" in appropriate box) | | | \$15,521,695 | |
| | • • • | Fixed | | | |
| Expense b. Rate | c. Base | d. Total Amount | e. Federal Share | | |
| Remarks: Attach any explanations deem governing legislation. | ed necessary or information | required by Federal sponsoring a | gency in complianc | e with | |
| The reported outlavs are no | eliminary as of 10/30/06 an | od will change due to fiscal year | and magnailiefler | | |
| , , , , , , , , , , , , , , , , , , , | | a will change ade to hacai year | GIN ICCONCINATION | • | |
| | | | ···· | | |
| | | report is correct and complete and | that all outlays and | | |
| Unliquidated obligations are for the purposes set forth in the award documents. Typed or Printed Name and Title Telephone (Area code, number and extension) | | | | | |
| Diane Chris, Construction Controll | 907-729-3580 | | | | |
| ignature of Authorized Certifying Official | Date Report Submitted | - | | | |
| I Clane Uli |) | 10/30/2006 | | | |
| Previous Editions not Usable | .a Adv. mire | | | n 269A (Rev 4-88) | |
| | AGGE | PTEO CO | MHREITE | | |
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